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Complete if Known

Application Number

Filing Date

First Named Inventor

Art Unit

Examiner Name _____

Attorney Docket Number

Complete If Known
10/585534

SYLVAIN DUMET ET AL.

(Use as many sheets as necessary)

Sheet	1	of	2
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Substitute for form 1449B/PTO INFORMATION DISCLOSURE STATEMENT BY APPLICANT <i>(Use as many sheets as necessary)</i>				Complete if Known	
				Application Number	10/585534
				Filing Date	
				First Named Inventor	SYLVAIN DUMET ET AL.
				Art Unit	
				Examiner Name	
Sheet	2	of	2	Attorney Docket Number	PF040016

[illegible]

Examiner Signature		Date Considered	
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***EXAMINER:** Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

¹ Applicant's unique citation designation number (optional). ² Applicant is to place a check mark here if English language Translation is attached.

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